MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013118 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3811

FILED APR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	69	
3			
4	1		
5	2		
6			
7	0		
8	2		
9			
10			
11			
12	86-0		
13			

86

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Our Lady of Perpetual Help
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3635 Keokuk
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOSEPHINE Middle Last CLANCY

4. DATE OF DEATH: Month April Day 1 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-5-1885
9. AGE (last birthday): 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Gearin
13b. MOTHER'S MAIDEN NAME: Elizabeth Murphy
14. NAME OF HUSBAND OR WIFE: Late Michael J. Clancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of ser): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Virginia Dueker 3635 Keokuk
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterio sclerotic heart disease
DUE TO (c): Chronic Hypertension 444X F
INTERVAL BETWEEN ONSET AND DEATH

Dr Hale & Mayo Coroner 4-3-63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochantric fracture of rt femur

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell.
20c. TIME OF INJURY Hour 8 a.m. p.m. Month, Day, Year: Jan 24 1963
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY: STATE: Mo.

21. I attended the deceased from 1-25-63 to 2-8-63 and last saw her/him alive on 2-8-63
Death occurred at 1:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Udaya N. Dash M.D
22b. ADDRESS: 6500 Chippewa, St Louis 9
22c. DATE SIGNED: 4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 4, 1963
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: APR 3 1963
26. REGISTRAR'S SIGNATURE: Joan Smith. M.D.

Dr. Udaya N. Dash
6500 Chippewa St.
Fl. 1-1655

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edwin L McDermott

Licensed Embalmer No. 3024

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.